"I will always remember the one incident that changed my practice forever. A woman came into my clinic more than 30 times in three years, either for her children or herself. I paid little attention to the possibility that her frequent clinic visits were connected to something going on in her personal life. Later, when I learned that she was murdered, I reviewed her medical record and the records of her children. The signs and symptoms of violence were there, but I had never asked her if she was being abused. This incident has changed how I have conducted my practice in the past ten years. I feel no reluctance in asking my patients about domestic violence and offering them support to lead healthy and safer lives."

—Internist, California

Improving the HEALTHCARE RESPONSE to DOMESTIC VIOLENCE

An Information Packet for Health Care Providers

As health care professionals, we are privileged to play a unique and important role in the lives of our patients. We are entrusted with the opportunity and responsibility to explore with our patients any number of concerns that could adversely affect their health. In our role as health care providers, we routinely query patients on some highly personal and sensitive topics such as sexual practices, dietary indiscretions, cigarette smoking and substance abuse. We may feel awkward or embarrassed, however, we broach these difficult topics with our patients because our goal is to provide information and support that can help our patients optimize their health.

Intimate partner violence has serious health consequences

Domestic violence or intimate partner violence is a health issue of epidemic proportions in the United States. Research shows that an estimated 25 percent of women and 8 percent of men in the United States have been physically and/or sexually abused by an intimate partner at some point in their lives. In addition to injuries sustained by victims during violent episodes, physical and psychological abuse is linked to a number of adverse medical health effects. The immediate health consequences of domestic violence can be severe and sometimes fatal. In addition, new research also links a history of victimization to significant long term chronic health problems and health risk behaviors. Domestic violence is associated with eight out of ten of the leading indicators for Healthy People 2010. The list of reported health consequences is long and sobering.

It includes:

- Chronic pain syndromes, such as chronic pelvic pain, headaches and functional gastrointestinal disorders;
- Gynecological problems, including STDs and exposure to HIV because of coerced sexual activity by the battering partner; and
- Pregnancy-related problems, such as prenatal fetal injury, complications of pregnancy, presentation in labor without prenatal care.

Often unrecognized is the impact of partner violence on compliance with treatment plans. IPV can affect a patient's ability to obtain prescribed medications or keep medical appointments. In fact, IPV can overwhelm victims and make it difficult or even impossible for them to address adverse health behaviors, such as overeating, alcohol and substance abuse, or cigarette use. The health consequences of IPV are not limited to the adult partner being abused. The "Adverse Childhood Experiences" studies have documented that exposure to violence in the family has lasting health impacts that manifest many years later.[1,2]

(...continued inside)

DEFINITION

Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Domestic violence affects people regardless of race, ethnicity, class, sexual and gender identity, religious affiliation, age, immigration status and ability. Abuse is a health care issue that impacts people of all ages, including children, adolescents, and the elderly; its impact can manifest throughout the lifespan.

Family Violence Prevention Fund

Funded by **The U.S. Department of Health and Human Services, Administration for Children and Families**

Produced by the **National Health Resource Center on Domestic Violence**
A Project of the Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133

www.endabuse.org/health
Phone: 1-888-Rx-ABUSE (toll-free call)
TTY: 1-800-595-4889
Email: *health@endabuse.org*

(...continued from front cover)

Asking about domestic violence helps improve patient health and safety. Many victims of domestic violence interact with health care providers when seeking routine or emergency care. The healthcare setting offers a critical and unique opportunity for early identification and even prevention of abuse. Yet, health care providers remain reluctant to inquire and assess for intimate partner violence, citing reasons ranging from discomfort, to lack of information on how best to support a patient disclosing abuse. Intimate partner violence, undeniably, is a sensitive topic. However, asking a patient about an abusive relationship is no more difficult than asking patients about sex, drugs, and bowel habits! When questions are asked in a caring manner and with a stated reason (for e.g., "Intimate partner violence is so pervasive and harmful that I ask all my patients about it"), patients are not offended and will frequently say they are glad someone finally asked them about the violence.

Over the past 15 years, hundreds of health care professionals have come to grips with the serious health consequences of domestic violence and realized the importance of simple inquiry. Both patient and provider testimonies show that inquiry not only affirms IPV as an important health care issue for the patient but also sends a prevention message that IPV is unacceptable. When providers inquire about domestic violence, they help patients understand the connection between the abuse, health problems, and risk behaviors. Clinicians help patients improve their options for health and safety by assessing for violence, validating the patient's experience, performing a brief safety assessment, documenting the abuse in the medical record, and making referrals to domestic violence experts. It is really that simple. This is no more, and no less, than what we do for any other problem we find out is harmful to our patient's health.

Resources are available for health care providers treating victims of abuse. Health care professionals are becoming increasingly aware that domestic violence is a highly prevalent public health problem that has devastating effects on individuals, families, and communities. Clinicians no longer need to worry about what to do if they uncover family violence. As with all clinical issues, help is available for health care providers treating victims of abuse. Leading professional health care organizations have promulgated policy statements, position papers, guidelines and monographs about this important health issue. Domestic violence and health care advocacy groups, health care researchers, practitioners, and allied professionals have developed publications, resources, guidelines, and educational tools to assist health care professionals conduct routine inquiry and assessment for domestic violence and effectively respond to abused patients. Many clinicians have access to domestic violence experts in their practice settings (for example, social workers) or in their communities (domestic violence advocates working with a local shelter). Asking the questions and making the referral need not be complicated or time consuming.

Asking about domestic violence – simple inquiry or effective intervention? Some of us may debate the value of domestic violence assessment because we view the assessment merely as a *diagnostic* tool. We fail to acknowledge the *therapeutic* value of compassionate inquiry, particularly when combined with words of support that validate the individual's experience. Yet patients are clear on the impact. Read what a few patients have said about the value of health professionals' assessment for IPV[3]:

> *"I think it helped me take it seriously. And to stay with the process of 'this is serious, he needs to be held accountable. I need protection, I need support.' As soon as he {provider} did that, there was something that just happened, that turned me completely around…life as we knew it has completely changed! Something just shifted. That was a HUGE turning point."*

> *"One thing I really remember is that she put her hand on my shoulder…She had all this compassion in her face, and I almost broke down and cried right then because I was thinking to myself as she was talking to me, 'She thinks I'm a human being. She thinks I'm worth something'."*

> *"I didn't feel comfortable the first time I was asked, but I think it was when I was asked the third or fourth time that I felt comfortable enough to answer honestly."*

> *"When you said to me, 'You don't deserve it,' that gave me the courage to get help. I'm safe now. Thank you for your help."*

Those in the field of IPV would love to be able demonstrate through research what we know from experience: that routine assessment and validation saves lives and saves money. One day, studies will undoubtedly support these savings. But, right now, we have evidence that inquiry and support brings value to patients' lives. We need to recognize the harm to patients when we fail to ask about, or fail to respond to clues about, the violence in our patients' lives. We must not wait for a definitive study before we do what common sense tells us is the right for our patients, our communities and the public health.

Make a difference, get involved. We cannot "fix" domestic violence. However, we *can* help abused patients understand their situation and recognize the impact of abuse on their health and risk behaviors. Through routine inquiry and assessment for domestic violence, we *can* conduct a life-changing, even life-saving intervention. We *can* come together and build an effective health care response to domestic violence by offering support and referrals to reduce isolation and improve options for health and safety of abused patients.

As a health care professional committed to addressing domestic violence, I am pleased to bring to you this introductory but informative publication on domestic violence as a health care issue. I anticipate that clinicians will make use of the valuable list of resources and referrals contained in this publication to help patients experiencing domestic violence. It is also my sincere hope that the facts on the prevalence of domestic violence, its impact on the health of patients, and the ease and beneficial impact of routine inquiry and assessment for domestic violence will encourage health care providers to engage in this critical issue.

Sincerely,

Patricia Salber, MD, MBA

Patricia Salber, MD, MBA has worked in the field of domestic violence prevention since the early 1990s. She co-founded and served as President of Physicians for a Violence-free Society (PVS) and is co-author of the Physicians Guide to Domestic Violence. She is the Chief Medical Officer for the Center for Practical Health Reform based in Baton Rouge, Louisiana.

[1] Dube SR, Anda RF, Felitti VJ, Edwards VJ, Williamson DF. Exposure to Abuse, Neglect, and Household Dysfunction Among Adults Who Witnessed Intimate Partner Violence as Children: Implications for Health and Social Services. Violence and Victims. 2002; 17(1):3-17.

[2] Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Cause of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine. 1998; 14(4):245-258.

[3] Gerbert B, Abercrombie P, Caspers N, Love C, Bronstone A: How Health Care Providers Help Battered Women: The Survivor's Perspective. Women and Health 29 (3); 1999, 115-135.

Take Action

Make a Commitment

You can help address domestic violence as a health care issue! Here are some ways:

1. Commit to begin routine assessment for domestic violence at your health setting. Begin by trying routine assessment for one week.
2. Place victims safety cards in the bathroom, and/or exam rooms for patients who need information, but may not be ready to disclose.
3. Hang domestic violence posters in waiting areas to give patients the message that support is available.
4. Have healthcare providers wear "Is someone hurting you? You can talk to me about it" buttons.
5. Organize a resource table and distribute patient education materials with phone numbers of local shelters, hotlines, and community resources for domestic violence victims.
6. Create a domestic violence protocol or review and amend an existing protocol for your health care setting.
7. Organize trainings for health care staff on domestic violence intervention and assessment.
8. Work with domestic violence programs in your community to let patients and the community know that your clinic, health care facility or health association cares about addressing domestic violence.
9. Consider writing an article on the issue of domestic violence for your institution's newsletter.
10. Order free information packets, training, and resource materials from the Family Violence Prevention Fund's National Health Resource Center on Domestic Violence OR encourage health care providers to contact us. Call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889 or visit *www.endabuse.org/health.*
11. Document assessment of domestic violence using a rubber stamp on medical records or add this to your printed intake forms:

    ASSESSMENT: ❑ Yes ❑ No
    ❑ DV+ ❑ DV– ❑ DV?

12. Download information on abuse assessment, documentation, and other clinical tools from the Family Violence Prevention Fund's National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings: *http://endabuse.org/programs/healthcare/files/Consensus.pdf.*

Comply with JCAHO Standard PC.3.10 on Victims of Abuse

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care.

In 2004, JCAHO instituted new standards for hospitals on how to respond to domestic abuse, neglect and exploitation. For more information, visit: *www.endabuse.org/health/jcaho.*

Mandatory Reporting of Domestic Violence by Health Care Providers

Most states have enacted mandatory reporting laws, which require the reporting of specified injuries and wounds, suspected abuse or IPV for individuals being treated by a health care professional. We recommend that health care providers learn about the reporting requirements in their state. To know your states laws on Mandatory Reporting of abuse (including elder abuse, child abuse and domestic violence), contact your health facility counsel, local District Attorney's office or law enforcement office. For more information on mandatory reporting, visit: *www.endabuse.org/health/mandatoryreporting.*

Health Privacy

Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation has resulted in numerous questions by domestic violence service agencies, including whether or not agencies are covered under the Privacy Regulation and whether a business associate agreement, if requested by a hospital or other provider, is necessary or appropriate. To get more information on the HIPAA Privacy Regulations, please visit: *www.endabuse.org/health/privacy.*

Impacting Health Care

Ensuring that patients in every health care setting are assessed for abuse across the lifespan and offered assistance is a goal of the Family Violence Prevention Fund (FVPF). For over 10 years, the FVPF has been developing ground-breaking programs that are shaping the national public health and policy agenda on abuse, promoting prevention strategies and developing health education campaigns by partnering with clinics, hospitals, professional health associations, state and federal public health agencies and family violence experts. The FVPF's Health Resource Center on Domestic Violence (HRC) is designated as the nation's information hub on this issue by the U.S. Department of Health and Human Services, supporting thousands of healthcare providers, policy makers and advocates annually to better serve victims and their children.

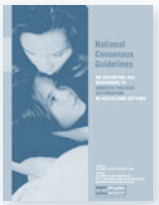
The National Health Resource Center on Domestic Violence provides free and low-cost resources, training materials, and technical assistance to health care professionals and to other providers serving victims of domestic violence.

Most items are available in several languages.
Visit our website: www.endabuse.org/health
or call toll-free: (888) Rx-ABUSE, TTY: 1-800-595-4889

SAFETY CARDS

POSTERS


VIDEOS



GUIDELINES

BUTTONS

DECALS

Domestic Violence Health Care Resources and Referrals

HOTLINES & RESOURCES FOR VICTIMS

National Domestic Violence Hotline 24 hours, 1-800-799-SAFE (7233); 1-800-787-3224 (TTY). Links individuals to help in their area using a nationwide database that includes detailed information on DV shelters, other emergency shelters, legal advocacy and assistance programs, and social service programs. Website: *www.ndvh.org*

Rape Abuse & Incest National Network (RAI NN) 24 hours, 1-800-656-HOPE (4673). Will automatically transfer the caller to the nearest rape crisis center, anywhere in the nation. It can be used as a last resort if people cannot find a DV shelter. 635-B Pennsylvania Ave SE, Washington, DC 20003. Phone: 1.800.656.HOPE (4673), x3 Fax: (202) 544-3556 E-mail: *rainnmail@aol.com* Website: *www.rainn.org*

Local DV Programs (Phone numbers are listed in the Emergency Numbers section of your telephone book). For the list of State Domestic Violence or Sexual Assault Coalitions visit: *www.ojp.usdoj.gov/vawo/state.htm*

Community United Against Violence (CUAV) 24 Hr. Support Line: (415) 333-HELP (4357). Works to end violence against and within lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) communities. 973 Market St., #500, San Francisco, CA 94103 Phone: (415) 777-5500 Fax: (415) 777-5565 E-mail: *cuav@aol.com* Website: *www.cuav.org*

For Men Only information for male survivors of sexual assault Website: *www.utexas.edu/student/cmhc/booklet/menassault.html*

Menweb information for battered men on how to cope and the steps they should take, as well as other resources. Website: *www.batteredmen.com/*

Teen Action Campaign An innovative teen dating violence prevention-oriented website created by teens. It provides information, resources, and help for at-risk teens. Website: *www.seeitandstopit.org*

HEALTH CARE AND DOMESTIC VIOLENCE MATERIALS

The National Health Resource Center on Domestic Violence a project of the FVPF, provides support to thousands of health care professionals, policy makers and domestic violence advocates through its four main program areas: model training strategies, practical tools, technical assistance, and public policy. 383 Rhode Island St., Suite 304, San Francisco, CA 94103-5133 Phone: (888) Rx-ABUSE TTY: (800) 595-4889 Fax: (415) 252-8991 E-mail: *health@endabuse.org* Website: *www.endabuse.org/health*

Alaska Family Violence Prevention Project (AFVPP) specializes in training for health care and service providers, provides articles and curricula in PowerPoint that can be downloaded, acts as a clearinghouse of education materials. Website: *http://health.hss.state.ak.us/dph/chems/injury_prevention/akfvpp/default.htm*

California Medical Training Center (CMTC) offers training and resources for medical professionals to effectively identify, evaluate and treat victims of child abuse and neglect, sexual assault, domestic violence, and elder and dependent adult abuse. Phone: (916) 734-4141 Email: *mtc@ucdmc.ucdavis.edu* Website: *www.ucdmc.ucdavis.edu/medtrng*

Nursing Network on Violence Against Women, International (NNVAWI) The Nursing Network on Violence Against Women (NNVAW) focuses on development of a nursing practice that focuses on health issues relating to the effects of violence on women's lives. PMB 165, 1801 H Street B5, Modesto, CA 95354-1215 Phone: (888) 909-9993 Website: *www.nnvawi.org/*

Sexual Assault Resource Service (SARS) Designed for nursing professionals involved in providing evaluations of sexually abused victims. SARS' website provides information and technical assistance to individuals and institutions interested in developing new SANE-SART programs or improving existing ones. Website: *www.sane-sart.com*

HEALTH CARE ORGANIZATIONS AND MEDICAL ASSOCIATIONS

Following is a list of leading health care organizations and medical associations that have published research, developed tools and other resources to help address domestic violence as a health care issue. For more information, visit the websites of these organizations and search using the keywords "domestic violence" and/or "IPV."

American College of Emergency Physicians: *www.acep.org*

American Academy of Family Physicians (AAFP): Phone: (913) 906-6000; Toll free: (800) 274-2237 Email: *fp@aafp.org* Website: *www.aafp.org*

American Academy of Nursing (AAN): Phone: (202) 651-7238 Fax: (202) 554-2641 Email: *aan@ana.org* Website: *www.nursingworld.org/aan/*

American Academy of Pediatrics (AAP): Phone: (847) 434-4000 Fax: (847) 434-8000 Email: *pubs@aap.org* Website: *www.aap.org*

American College of Nurse Midwives: www.acnm.org

American College of Obstetricians and Gynecologists (ACOG): Phone: (800) 673-8444, x2434 Email: *violence@acog.org; jbrenner@acog.org* Website: *www.acog.org*

...continued on back

Prepare Your Practice – Order Now!

• Please mail me the following free materials:

(Check all that apply)

❑ Assorted Sample Safety Cards
❑ Two Posters
❑ Two "Is someone hurting you? You can talk to me about it" health care provider buttons
❑ Training and Education Materials Catalog
❑ A copy of the National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings (OFFER LIMITED TO FIRST 100 REQUESTS!) You can also download a free copy of the Guidelines from our website: *www.endabuse.org/health*

• Please sign me up for a free subscription of:*

❑ FVPF's monthly electronic news digest Health e-News
❑ FVPF's biannual electronic journal Family Violence Prevention and Health Practice

* Email Required

Contact Information:

Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Email: _____

Tear out and mail to the National Health Resource Center on Domestic Violence or fax to: (415) 252-8991

Domestic Violence Guide

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the healthcare system.

Assess all Patients For Domestic Violence:

* Talk to the patient alone in a safe, private environment
* Ask simple, direct questions such as:
  - **Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely.**
  - **Are you in a relationship with a person who physically hurts or threatens you?**
  - **Did someone cause these injuries? Who?**

The best way to find out about domestic violence is to ask directly.

However, be aware of:

History suggesting domestic violence: traumatic injury or sexual assault; suicide attempt, overdose; physical symptoms related to stress; vague complaints; problems or injuries during pregnancy; history inconsistent with injury; delay in seeking care or repeat visits.

Behavioral clues: evasive, reluctance to speak in front of partner; overly protective or controlling partner.

Physical clues: any physical injuries; unexplained multiple or old injuries.

Take a Domestic Violence History:

* past history of domestic violence, sexual assault
* history of abuse to any children

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 25964 SAN FRANCISCO, CA
POSTAGE WILL BE PAID BY ADDRESSEE

Family Violence Prevention Fund
Health Program
383 Rhode Island Street
Suite 304
San Francisco, CA
94103-9591

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Send Important Messages to Patient (avoid victim blaming):

- You are not alone
- You are not to blame
- There is help available
- You do not deserve to be treated this way

Assess Safety:

- Are you afraid to go home?
- Have there been threats of homicide or suicide?
- Are there weapons present?
- Can you stay with family or friends?
- Do you need access to a shelter?
- Do you want police intervention?

Make Referrals:

- Involve social worker if available
- Provide list of shelters, resources, and hotline numbers
- **National Domestic Violence Hotline: (800) 799-SAFE**
- Schedule follow-up appointment

Document Findings:

- Use the patient's own words regarding injury and abuse
- Legibly document all injuries; use a body map
- Take instant photographs of injuries

Sponsoring Organizations

American College of Emergency Physicians, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Nurses Association, Emergency Nurses Association, Nursing Network on Violence Against Women International, Society for Social Work Administrators in Health Care, San Francisco General Hospital

Family Violence Prevention Fund

QUESTIONS?
toll-free (888) Rx-ABUSE
TTY (800) 595-4889
www.endabuse.org/health

...Resources and Referrals, continued from inside

American College of Physicians (ACP):
Phone: (800) 523-1546, x2600; (215) 351-2600 Website: *www.acponline.org*

American Dental Association: *www.ada.org/*

American Medical Association (AMA):
Phone: (312) 464-5000 Website: *www.ama-assn.org/*

American Medical Students Association (AMSA): *www.amsa.org*

American Medical Women's Association: *www.amwa-doc.org*

American Physical Therapy Association (APTA): Phone: (703) 684-2782, x 8596; Toll-free (800) 999-2782, x8596 Email: *womens-issues@apta.org* Website: *www.apta.org*

American Public Health Association: *www.apha.org*

American Psychological Association (APA): Phone: (202) 336-5500; Toll-free: (800) 374-2721 Email: *order@apa.org* Website: *www.apa.org*

Association of Women's Health, Obstetric and Neonatal Nurses (AWOHNN): *www.awhonn.org/*

Association of Traumatic Stress Specialists: *www.atss-hq.com*

Centers for Disease Control and Prevention: National Center for Injury Prevention and Control, Division of Violence Prevention: *www.cdc.gov/ncipc/dvp/dvp.htm*

Child Witness to Violence Project at Boston Medical Center: *www.childwitnesstoviolence.org*

Dental Professionals Against Violence (California Dental Association Foundation):
Phone: (901) 443-3382 Website: *www.cda.org/public/dpav/*

Indian Health Services: *www.ihs.gov/MedicalPrograms/MCH/W/DV00.cfm*

International Association of Forensic Nurses: *www.forensicnurse.org*

Johns Hopkins University School of Nursing: *www.son.jhmi.edu*

Massachusetts Medical Society: *www.massmed.org*

Society of Academic Emergency Medicine: *www.saem.org*

DOMESTIC VIOLENCE ORGANIZATIONS & RESOURCES

Asian & Pacific Islander Institute on Domestic Violence
Phone: (415) 954-9964 Website: *www.apiahf.org*

Center for the Prevention of Sexual and Domestic Violence An interreligious educational resource addressing issues of sexual and domestic violence whose goal is to engage religious leaders in the task of ending abuse, and to serve as a bridge between religious and secular communities. 936 North 34th St., Suite 200, Seattle, WA 98103 Phone: (206) 634-1903 Fax: (206) 634-0115 E-mail: *cpsdv@cpsdv.org* Website: *www.cpsdv.org*

Institute on Domestic Violence in the African American Community
Phone: (877) NIDVAAC (643-8222) Website: *www.dvinstitute.org*

The Humane Society of the United States Dedicated through its First Strike campaign to raising public and professional awareness about the connection between animal cruelty and family violence. 2100 L Street, NW, Washington, DC 20037 Phone: (301) 258-3076; Toll-free: (888) 213-0956 Fax (301) 258-3074 E-mail: *firststrike@hsus.org* Website: *www.hsus.org/firststrike*

Men Stopping Violence Website: *www.menstoppingviolence.org*

National Center for Children Exposed to Violence A research an advocacy organization addressing the consequences of exposure to violence in children. Website: *www.nccev.org*

National Center on Elder Abuse (NCEA) Website: *www.elderabusecenter.org*

National Coalition Against Domestic Violence (NCADV)
Phone: (303) 839-1852 Website: *http://www.ncadv.org/*

National Coalition of Anti-Violence Programs (NCAVP) A coalition of over 20 lesbian, gay, bisexual, and transgender victim advocacy and documentation programs located throughout the United States. Phone: (212) 714-1184 Website: *www.avp.org/*

National Latino Alliance for the Elimination of Domestic Violence
Phone: (800) 342-9903 Website: *www.dvalianza.org*

National Organization on Male Sexual Victimization Committed to prevention, treatment & elimination of all forms of sexual victimization of boys and men. Website: *www.nomsu.org*

Pennsylvania Coalition Against Domestic Violence (PCADV)
Phone: (800) 932-4632 Website: *www.pcadv.org/*

Sacred Circle – National Resource Center to End Violence Against Native Women
Sacred Circle promotes the sovereignty and safety of women and works to change individual and institutional beliefs that oppress Native women. Phone: (605) 341-2050, Toll-free: (877) RED-ROAD (733-7623) Fax: (605) 341-2472 Email: *scircle@sacred-circle.com*

The Facts
on Health Care and Domestic Violence

Domestic violence is a health care problem of epidemic proportions.
In addition to the immediate trauma caused by abuse, domestic violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted infections such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension. Despite these facts, a critical gap remains in the delivery of health care to battered women, with many providers discharging a woman with only the presenting injuries being treated, leaving the underlying cause of those injuries not addressed.

Prevalence:

- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.[i]
- In 2001, about 85 percent of victimizations by intimate partners were against women (588,490) and 15 percent of victimizations were against men (103,220).[ii]
- A 1994 study conducted at a large health plan in Minneapolis and St. Paul, Minnesota found that an annual difference of $1,775 more was spent on abused women who utilized hospital services than on a random sample of general enrollees. The study concluded that early identification and treatment of victims and potential victims will most likely benefit health care systems in the long run.[iii]
- Emerging research indicates that hospital-based domestic violence interventions will reduce health care costs by at least 20 percent.[iv]

Health Consequences of Domestic Violence:

- In 1994, thirty-seven percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.[v]
- In 2000, 1,247 women, more than three a day, were killed by their intimate partners.[vi]
- In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, and stomach ulcers.[vii]

Pregnancy and Domestic Violence:

- Each year, about 324,000 pregnant women in this country are battered by their intimate partners.[viii]
- Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women,[ix, x] as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.[xi]
- Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause,[xii] and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.[xiii]

Children's Health and Domestic Violence:

- Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers.[xiv] They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.[xv]
- Fifty percent of men who frequently assault their wives frequently assault their children,[xvi] and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.[xvii]

Identification of Domestic Violence:

- A recent study found that 44 percent of victims of domestic violence talked to someone about the abuse; 37 percent of those women talked to their health care provider.[xviii] Additionally, in four different studies of survivors of abuse, 70 percent to 81 percent of the patients studied reported that they would like their healthcare providers to ask them privately about intimate partner violence.[xix, xx, xxi, xxii]
- A 1999 study published in The Journal of the American Medical Association found that only ten percent of primary care physicians routinely screen for intimate partner abuse during new patient visits and nine percent routinely screen during periodic checkups.[xxiii]
- Recent clinical studies have proven the effectiveness of a two minute screening for early detection of abuse of pregnant women.[xxiv] Additional longitudinal studies have tested a ten minute intervention that was proven highly effective in increasing the safety of pregnant abused women.[xxv]

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